

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	LC		07-22-01
<b>O.I.P.E. CLASSIFIER</b>	W		7-3-0
<b>FORMALITY REVIEW</b>	ZM	927	08/10/01
<b>RESPONSE FORMALITY REVIEW</b>	SI	1021	11/01/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	10/9/01
Original	10/9/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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